

M23000010803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

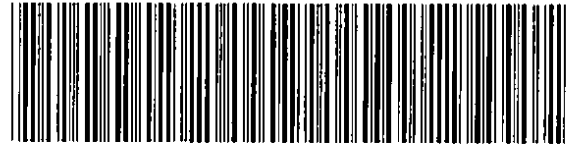
(Business Entity Name)

(Document Number)

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M. SOLOMON

AUG 18 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AB AUTOMATION LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alejandro Beyra Campins

Name of Person

AB Automation LLC

Firm/Company

4980 Alma School Rd #2-620

Address

Chandler AZ 85348

City/State and Zip Code

alex.beyra@abautomationllc.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG 18 PM 1:11

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For further information concerning this matter, please call:

Alejandro Beyra Campins

Name of Contact Person

623

at ( )

Area Code

202 1598

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AB Automation LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Arizona 3. 82-3087839  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4980 S Alma School Rd  
(Street Address of Principal Office)

6. 4980 S Alma School Rd  
(Mailing Address)

Chandler AZ 85248

Chandler AZ 85248

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alejandro Beyra Campins

Office Address: 8107 High Oaks Trl

Myakka City 34251  
(City) Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

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CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Alejandro Beyra Campins</u>	<input type="checkbox"/> Manager	Name: <u>Angel A Beyra Campins</u>
<input type="checkbox"/> Member	Address: <u>8107 High Oaks Trl</u>	<input checked="" type="checkbox"/> Member	Address: <u>5216 E 98th Ave E</u>
<input type="checkbox"/> Authorized	<u>Myakka City Fl 34251</u>	<input type="checkbox"/> Authorized	<u>Parrish Fl. 34219</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Daimarelis Estrada</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8107 High Oaks Trl</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Myakka City Fl 34251</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Signature of an authorized person

Alejandro Beyra Campins  
Typed or printed name of signee

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**AB AUTOMATION LLC**

ACC file number: L22215383

was incorporated under the laws of the State of Arizona on 09/23/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/27/2023**



A handwritten signature in cursive script, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2023

ALEJANDRO BEYRA CAMPINS  
AB AUTOMATION LLC  
4980 ALMA SCHOOL RD #2-620  
CHANDLER, AZ 85348

SUBJECT: AB AUTOMATION LLC  
Ref. Number: W23000094689

We have received your document for AB AUTOMATION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Operations Manager A

Letter Number: 223A00015346

RECEIVED

AUG 18 2023